

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV Road (Pty) Ltd
t/a DSV Distribution
PO Box 63, The Reeds 0061
Tel (012) 673-2000
Reg. No. 2000/016342/07
VAT. No. 4880189685



SUBBD27592450

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Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required					
Company Name <u>Le Creuset Gateway</u>		Company Name <u>Le Creuset HEAD OFFICE</u>						<input type="checkbox"/> Same Day					
Street Address <u>Shop 6086</u>		Street Address <u>Unit 5, HERON PARK</u>						<input checked="" type="checkbox"/> Express					
<u>1 Palm Boulevard</u>		<u>OLIVE GROVE INDUSTRIAL</u>						<input type="checkbox"/> With Sunrise Option					
<u>Gateway</u>								<input type="checkbox"/> With Saturday Service					
Suburb <u>Umhlanga</u>		Suburb <u>SOMERSET WEST</u>						<input type="checkbox"/> Public Holiday Service					
City / Town <u>KZN</u> Postal Code <u>4321</u>		City / Town <u>CAPE TOWN</u> Postal Code <u>8001</u>						<input type="checkbox"/> Economy					
Contact <u>CASSANDRA</u>		Contact <u>NICKY</u>						<input type="checkbox"/> After Hours					
Phone <u>031 100 1239</u>		Phone <u>021 851 7178</u>						<input type="checkbox"/> BLNS Customs Tariff					
Destination Country		South Africa		Botswana		Lesotho		Namibia		Swaziland		Other (Please Specify)	
Sender's Reference <u>FILE</u>		Analysis Code											
SPECIAL INSTRUCTIONS													
Bill Charges To Account No.				Bill To Sender <input type="checkbox"/>		Consignee <input type="checkbox"/>		Other (Name Please) <input type="checkbox"/>		1. ONLINE <input type="checkbox"/>			
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 14.5, 14.6 AND 14.7 OVERLEAF).													
e-mail / Fax / Proof of Delivery <input type="checkbox"/> e-mail Address / Fax Number										3. EFT <input type="checkbox"/>			
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)		Total Mass (Kg)			
<u>1</u>		<u>Parcel</u>											
Goods received in full without damage (unless endorsed) Name Of Receiver (PLEASE PRINT CLEARLY)						Received By DSV Name Of Courier (PLEASE PRINT CLEARLY)							
<u>J BENADE</u>						<u>Siedel</u>							
Date Received:			Time Received:			Date Received:			Time Received:				
<u>02 03 18</u>			<u>09 48</u>			<u>01 03 18</u>			<u>16 30</u>				
Signature: <u>[Signature]</u>						Signature: <u>[Signature]</u>							

POD COPY

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